UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.5
10 February 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Namibia

The Executive Director recommends that the Executive Board approve the country programme of Namibia for the period 1992-1996 in the amount of $5 million from general resources, subject to the availability of funds, and $24,031,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1989-1991	5
RECOMMENDED PROGRAMME COOPERATION, 1992-1996	7

List of tables

1.	Basic statistics on children and women	15
2.	Expenditure under previous cooperation period, 1989-1991	17
3.	Planned expenditure, 1992-1996	18
4.	Staffing from budget and programme funds	19

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

92-05987 2971h (E) 230392 250392

/...

THE SITUATION OF CHILDREN AND WOMEN

1. Children and women in Namibia are emerging from over 80 years of colonialism and apartheid, with a legacy of extreme disparities in wealth, incomes and access to basic services. Namibians have been deeply affected by land dispossession and forced settlement, labour migration, military conflict, cultural erosion, isolation and deprivation. Economic and psychological insecurity is intensified by the remoteness and fragmentation of households and by a harsh and fragile ecology in which family farming is continually threatened by drought.

2. The situation of children in Namibia is centrally affected by the twin inherited factors of widespread poverty and gross inequalities in access to resources. The richest 5 per cent of Namibians, mainly white, are estimated to receive 71 per cent of the total gross domestic product (GDP), with annual incomes of $14,560, and to own 74 per cent of the viable farm land. The annual income of the poorest 95 per cent is about $320 and falls below $100 for a large minority. Economic activity as a whole has suffered from the impact of war, sanctions and low investment and is concentrated in the mining, ranching and offshore fishing sectors. Meanwhile, the majority of Namibians live in the often overcrowded former "homelands" with poor land and they have very limited access to employment, training, markets and social and productive services. Many families face extreme poverty owing to the after-effects of the military occupation that ended in 1989 and include displaced and handicapped people and dependants of former soldiers. This has resulted in a high incidence of alcoholism, domestic violence and the disintegration of families, as well as a growth in the numbers of street children.

3. The poor situation of Namibian women results not only from colonialism and apartheid, but further reflects strong gender biases in society. At the local level, women's rights to land use, livestock and inheritance are insecure, while the prolonged absence of male migrant workers places heavy burdens on women in production, domestic tasks and child care. Women are de facto heads of some 42 per cent of families. At the national level, women face unequal access to vocational education, credit, information, property rights, organized markets, job opportunities and civic representation.

4. Newly independent Namibia faces special challenges in building a more equal society in which the needs of children and women will be met. Such challenges emerge from the country's particular colonial experience and include reducing the gross disparities in access to productive resources and basic services; restructuring of previously fragmented service-delivery systems; strengthening of planning and management capacity; empowering communities and the disadvantaged to participate in their own development; alleviating widespread poverty; reintegrating groups involved in the liberation war; increasing exposure to international experience; improving the weak socio-economic information base; and consolidating democratic institutions. Meanwhile, with a small and sparse population, the cost-effective achievement of service coverage goals will require

systems-building, participation and innovative approaches to facilitate communication and outreach.

5. The child survival and health situation in Namibia is not commensurate with the country's overall wealth. Rates of infant and under-five mortality, exceeding 100 and 150 per 1,000 live births, respectively, are very high for a country with a per capita gross national product (GNP) of $1,030. Results of a 1990 UNICEF survey suggest that rates of maternal mortality may reach 370 per 100,000 live births or higher.

6. The available data on low birth weights, estimated at about 15 per cent among babies born in hospitals, suggest a significant incidence of maternal malnutrition and health problems. Maternal health is at risk owing to a high fertility rate (about six children per woman), widespread early pregnancy and excessive workloads, for example, in family farming.

7. Recent surveys indicate that over 30 per cent of all children under the age of five years experience some form of malnutrition. This would probably be higher if unrecorded micronutrient deficiencies were included. Undernutrition is moderate, but becomes severe among 8 to 12 per cent of young children in rural areas in the pre-harvest malaria season. Stunting is widespread among young children, ranging from 21 to 52 per cent, and is more common among children in households headed by women. The interaction of disease with inadequate food intake is a main factor in young child deaths and malnutrition.

8. Malaria, diarrhoea, acute respiratory infections (ARI) and measles pose the greatest threats to young children in Namibia. Child and adult health are also significantly compromised by tuberculosis, polio, sexually-transmitted diseases (STDs), bilharzia, meningitis, plague and tetanus. Known cases of human immune deficiency virus (HIV) infection stand at around 1,500 and highly understate real levels.

9. Inadequate household food security is widespread and closely linked to low and uncertain incomes. Poor conditions for family farming impose heavy reliance on non-farm incomes to meet basic needs. Households headed by women and old people, and those living in marginal or peri-urban areas, are often insecure in food supplies.

10. Poor service access and quality are major underlying factors that explain the disease, death and malnutrition rates. Coverage of preventive health services, including health information, is very uneven. Until independence, basic services were provided by 11 "ethnic" administrations that were very unequally endowed and followed divergent policies. Primary health care (PHC) was neglected and a strong curative bias prevailed. Rapid advances have recently been made in immunization, with measles coverage among infants increasing from 14 to over 60 per cent since independence and effective tetanus toxoid coverage among pregnant women reaching 50 per cent. The use of maternity units for delivery is relatively high, but routine outreach remains

poor. Health education, environmental sanitation, child growth-monitoring and antenatal care are almost non-existent.

11. Primary education covers only 60 to 70 per cent of the relevant age-group, and its quality is often poor and the content inappropriate. High rates of drop-out and failure occur in the early years and only 37 per cent of entrants complete the primary cycle. Effective access to primary education is limited by poor school administration, household food shortages, lack of school capacity and distance. Some 60 per cent of adults are illiterate and the vast majority have little opportunity for skills and knowledge upgrading. Access of families and communities to safe drinking water is very low in many rural and some peri-urban areas, and household sanitation is poor outside urban centres. Access to safe water for the 75 to 80 per cent of Namibians living in rural and peri-urban areas is about 30 per cent and to improved sanitation some 5 to 10 per cent.

12. Maternal and child care practices appear relatively good, but are constrained by limited resources. The duration of breast-feeding in rural areas averages some 17 months, but is shorter (about 9 months) in towns. Little is known about child-feeding practices. Efficient resource use is prejudiced by labour shortages, with heavy workloads affecting women's health and reducing the time available for child care. Child-care practices are also affected by alcohol abuse, domestic violence and inadequate access to information.

13. The Namibian workforce is seriously underskilled, and open unemployment levels of over 30 per cent coexist with skill shortages. Jobs are concentrated in a few towns, and only one third are held by women. Public sector resources, although benefiting from reduced military spending, are constrained by a relatively large and inappropriately trained civil service, an uncertain revenue base and substantial debt incurred in the colonial period.

14. Namibian families have been addressing the effects of poverty through churches and other community-level organizations. Such experience, and that gained in exile, provide an important basis for participatory development, as do parts of the inherited communications system, including the local radio services.

15. The newly elected Government has already demonstrated strong commitments to poverty alleviation, disparity reduction and the special needs of children. It has issued a national policy on children, ratified the Convention on the Rights of the Child, adopted the universal child immunization (UCI) declaration and launched initiatives for street children, drought relief, malaria and the control of acquired immune deficiency syndrome (AIDS). The restructuring of systems, policy development and the launching of practical initiatives are proceeding simultaneously. An initial framework for development planning has been established in the National Planning Commission. The Department of Women's Affairs has begun to represent women's interests in policy-making. Following the participation of the President of Namibia at the World Summit for Children, a detailed national programme of

action for children in the 1990s was formulated. Elections in 1992 for local government bodies will increase the scope for community participation in development. The historical combination of independence and a Government with a strong commitment to welfare improvement provide a unique opportunity for advancing towards the goals for children for the 1990s.

PROGRAMME COOPERATION, 1989-1991

16. Initial cooperation during 1989-1991 laid the foundation for medium-term programme development through a combination of information collection and analysis, support to the restructuring of services, policy formulation and programme design and implementation in key sectors. During the period of transition to independence (April 1989-March 1990), UNICEF concentrated on support for the repatriation and rehabilitation of former exiles, as well as wider relief assistance. Meanwhile, analytical studies, surveys, advocacy and pilot activities were also implemented, allowing a rapid widening of programme areas after independence.

17. During 1989, assistance was provided to the repatriation programme of the Council of Churches of Namibia in collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP). This included support to PHC services at reception centres, the provision of relief items and logistics support. Later, a rehabilitation programme was designed with the Council of Churches of Namibia for the reintegration of 44,000 exiles into their communities. Within this framework, UNICEF and the Food and Agriculture Organization of the United Nations (FAO) provided agricultural inputs to returnees and drought-affected families, while UNICEF, with the collaboration of the United Nations Educational, Scientific and Cultural Organization (UNESCO), supported schooling for 3,000 returnee children. Churches were assisted in providing PHC services, including immunization, and an integrated area-based programme was initiated with the Council of Churches of Namibia.

18. After independence, programme cooperation expanded to cover PHC, nutrition, basic education, literacy, household food security and women in development. The new national expanded programme on immunization (EPI) was extensively supported, including the in-service training of health workers. This was extended to the control of diarrhoeal diseases (CDD) and ARI programmes and to a national community-based health care programme. Technical assistance was provided for health sector restructuring and for establishing national programmes in literacy, nutrition, health education, health information, PHC and the training of community health workers (CHWs). Technical support to education reform covered curriculum development, the reorganization of teacher training and improved school management.

19. Activities for the improvement of household food security and access of women to income were initiated with the Government and non-governmental organizations (NGOs). New rural development extension cadres were trained, with a focus on gender analysis, project management and community

participation. The integrated area-based programme continued in the north-west, with strong local mobilization and interventions in water supply, sanitation, food production and CHW training. UNICEF advocacy led to the launching by Namibian women leaders of the Child Survival, Protection and Development Foundation, the mobilization of popular support for the World Summit for Children and the accession of Namibia to the Convention on the Rights of the Child. The Department of Women's Affairs was assisted in policy development and staff training. A survey of incomes, health and nutrition, which has been widely used by the Government and donors, was completed in two regions. Surveys on child-care practices, street children and women's workload were supported. Emergency support was continued to displaced and drought-affected people.

Lessons learned

20. Initial programme cooperation has shown that high levels of social mobilization can be achieved in support of major goals for children, in both the public and the private sectors. The Council of Churches of Namibia has been an effective partner in community development both prior to and after independence. The integrated area-based programme has shown the importance of empowering communities to assume organizational responsibilities for development. The new EPI has provided a spearhead for the extension of delivery systems upon which further programmes are being built. Government focus on social priorities, shown by high budget allocations to education and health, provides a favourable context for child-focused programme cooperation.

21. Serious constraints, including the inherited fragmentation of planning and delivery systems and a lack of experience with participatory approaches, still need to be overcome if these potentials are to be fully realized. The translation of new policies into effective programmes will require a sustained process of consultation, training, material design and staff reorientation. A national workshop on community-based health care demonstrated the centrality of this approach for consensus-building. Programme design and monitoring are complicated by a lack of social sector and household data, while implementation faces limited capacity at all levels. A strong focus is needed on the establishment and development of institutional and information systems, assisted, where necessary, by well selected specific external technical inputs.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $ 5 million
Supplementary funding: $24,031,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care	1 680	6 946	8 626
Household food security	410	2 102	2 512
Non-formal and basic education	790	3 810	4 600
Family life empowerment	410	2 260	2 670
Integrated area-based programme	720	3 913	4 633
Rural water supply	-	5 000	5 000
Capacity-building for child survival, protection and development planning	990	-	990
Total	5 000	24 031	29 031

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

22. A highly participatory process of programme development (situation analysis, strategy formulation and detailed programme preparation) took place from late 1990 throughout 1991 involving the Government, the university, NGOs, United Nations partners and UNICEF. A series of programming workshops achieved strong consensus on the major problems facing children and women and on the viable response options. Analytical studies and evaluations were undertaken as a basis for the situation analysis and for programming, covering EPI, CDD, nutrition, household food security, literacy, non-formal and basic education, rural water supply and street children, as well as health, nutrition and EPI coverage surveys. The preparation of the 1992-1996 country programme of cooperation, led by the National Planning Commission, has linked

progressively with the formulation of the national programme of action as a follow-up to the World Summit for Children.

Programme goals, objectives and strategy

23. The country programme is placed clearly within the framework of wider national efforts to move towards the goals for children in the 1990s and will emphasize many of the most urgent goals for Namibia. The scope and objectives of the programme take into account likely resources available from national and other sources, as well as overall national priorities, prospective UNICEF resources and the nature of the global UNICEF mandate.

24. The major programme goals for 1992-1996 are (a) the reduction of infant and under-five mortality rates by at least 15 per cent; (b) the reduction of the maternal mortality rate by at least 25 per cent; (c) the reduction of severe and moderate malnutrition among children under five years old by at least 25 per cent; (d) the reduction of the adult illiteracy rate by at least 25 per cent, with an emphasis on increasing female literacy; and (e) the empowerment of all Namibians for more effective organization of their individual and family lives and for participation in community life. Particular attention will be given to those regions and communities where health, nutrition and literacy status, as well as access to information, are especially poor.

25. A number of detailed supporting and sectoral objectives have also been adopted for the country programme, covering many of those endorsed by Namibia at the World Summit, which will be pursued through specific programmes. Meanwhile, the country programme, through the achievement of its major goals, will contribute to the reduction of poverty and disparities in access to basic service and resources.

26. The programme strategy emerges from the particular country context and addresses its implications. It responds to the needs for increasing service access and economic opportunities for the poor, including women; the building of national and local institutions and their planning and delivery capacities; the empowering of communities, families and women; the enhancement of knowledge and data on children and women; and disparity reduction. Emphasis will be placed on the promotion of integrated approaches involving cooperation among the Government, community groups and NGOs. The strategy foresees a need for flexibility in programming, allowing for revisions as new data become available and national policies develop. It recognizes that major problems such as the inadequacy of the education system and water development under semi-arid conditions will require ongoing analysis and discussion, as well as wider support.

27. The programme will address immediate causes of child and maternal deaths, malnutrition and ill-health through interventions for disease reduction and control, while also aiming to relieve the underlying causes in the areas of household food security, access to water supplies and PHC services, and knowledge for improved child care. At fundamental levels, programme

components in the area of basic education will be complemented by measures to empower families and communities to organize for child care, the protection of children and women in especially difficult circumstances and greater participation. National institutions will be supported in multisectoral planning for children and women and for monitoring of progress towards the World Summit goals. Participatory development in disadvantaged areas will be promoted through area-based projects. The convergence of interventions will be promoted initially in eight community-based health care pilot project districts, and later more widely.

Primary health care

28. The PHC programme aims to reduce morbidity and mortality among children and women significantly by 1996. Its major objectives are (a) achieving UCI by 1993 and increasing coverage for all antigens to 90 per cent by 1996 and to 95 per cent for polio; (b) immunizing 95 per cent of pregnant women twice with tetanus toxoid; (c) increasing access to promotive, preventive and curative measures against diarrhoeal diseases and ARI in children under five years old, including health education, thus reducing mortality from these causes by 25 and 15 per cent, respectively; (d) virtually eliminating neonatal tetanus and significantly reducing the incidence of polio and measles by 1996; (e) reducing moderate and severe malnutrition; (f) increasing access of women to effective maternal health services (to at least 75 per cent) and to information on health problems, including AIDS; (g) establishing effective nutrition surveillance, health information and health management systems and their use at all appropriate levels; and (h) empowering all communities with knowledge, skills and values for health status self-improvement.

29. National programmes for EPI, CDD and the control of ARI will be supported. Initiatives for safe motherhood and nutrition improvement, including clinic- and community-based growth-monitoring and promotion, will be supported initially in eight pilot project districts, with gradual expansion. Micronutrient deficiencies will be studied and support will be given to appropriate interventions. Impregnated bednets will be introduced under the national malaria control project and the integrated area-based programmes. Intensive mobilization activities will be undertaken in eight pilot project districts, covering some 300,000 people, to achieve empowerment for participation in health-promoting activities. CHWs and traditional birth attendants (TBAs) will be trained and deployed, with community support, in these areas. Community-based health care activities will be initiated in at least one half of the remaining 26 health districts by 1996. The community-based health care programme will provide in-service training and reorientation for 4,000 health workers.

Household food security

30. The household food security programme will support the goal of increasing secure family access to basic foods by improving the access of women to income, thereby assisting in the reduction of child malnutrition, particularly in female-headed households. It will focus on the increased economic and

technical empowerment of women and improvement of their ability to manage domestic and natural resources. Skills training, information, increased access to low-cost technology, working capital and advice will be provided to rural producers and selected small enterprises managed by women. Government and NGO extension workers and community groups will be trained in the analysis of household food security problems and response options in areas including food-processing, fuel-efficient technologies and home economics. Research will be supported with community involvement to provide the basis for the design and production of extension materials and for technology-testing. National capacity for monitoring and analysing household food security will be strengthened, with a focus on the indicators of household food access.

Rural water supply

31. This programme will support the strengthening of national capacity to plan, design, implement and monitor the provision of water supply and environmental sanitation systems through the training and equipping of staff at the national and regional levels. The focus in capacity-building will be on the Rural Water Unit of the Department of Rural Development and on enhancing the technical resources of the Department of Water Affairs. Support will be provided for the development of community management and protection systems for water-points and for the design and dissemination of environmental sanitation and hygiene information as part of water supply programmes. This component will be closely linked with health education and CDD activities. The construction and repair of water points will be supported in the north-west, north-east and southern regions, including shallow wells, rainwater catchment and borehole systems. The rural water supply programme will aim to increase access to safe water in rural areas to over 45 per cent by 1996.

Non-formal and basic education

32. The non-formal and basic education programme will respond to the problems of widespread adult illiteracy, particularly among women, weak management systems for primary education, and high drop-out rates in the first four years of primary schooling. The national literacy programme will be supported, with an emphasis on women learners and highly disadvantaged regions, and its content will be integrated with other programme thrusts in PHC, the provision of life skills, household food security and safe water supply and sanitation. Some 150,000 adults will achieve functional and sustained literacy by 1996 through the national literacy programme.

33. Support will be provided to improve the efficiency and quality of primary education, particularly for the 225,000 children in the first four grades. This will include setting minimum standards for learning achievement, improved curricula and teaching methods, more promotive use of student assessment systems and the provision of complementary materials for teaching and out-of-school reading. The technical development of a national education management information system will also be supported.

Family life empowerment

34. This programme will respond directly to the problems of weakened family structures that have emerged from Namibia's colonial and apartheid experience and that undermine child survival, protection and development. It will focus on the empowering of families, as the basic unit of society, and of disadvantaged communities through mobilization activities. It will address psycho-social problems such as social isolation, alcohol abuse and domestic violence affecting women and children.

35. The family life empowerment programme will promote healthy lifestyles through the integration of PHC, including STD/HIV prevention, within family and community life. It will provide technical and social mobilization support to households and community groups for improved young child care, protection and education, thereby contributing to young child growth, the lessening of child-care burdens and facilitating women's involvement in literacy and skills acquisition. Training will be provided to child caregivers and community leaders for early childhood development. Support will also be provided to children and women in especially difficult circumstances through both life skills and confidence promotion and prevention and rehabilitation initiatives, including those for street children. Access to public information and education will be expanded through targeting and increasing the child survival, protection and development content of formal media services and the development of non-conventional communication channels for Facts for Life in several languages. This programme will be implemented in an intersectoral manner, with strong participation of national NGOs, communities and religious bodies.

Integrated area-based programme

36. This programme will involve a major thrust for disparity reduction through a direct focus on highly deprived communities and groups. The programme will steadily expand to cover a total of four rural districts and two peri-urban or low-income urban areas by 1996, benefiting some 190,000 people. A strong focus will be maintained on community empowerment, through local participation in all aspects of the development process and involving assessment, analysis and action by communities themselves. The programme will promote the achievement of all major child-related goals in its coverage areas through support to the local intensification of national programmes, including PHC, household food security, non-formal and basic education and rural water supply. This will involve close liaison with sectoral ministries, extension workers and local NGOs, as well as community mobilization. The programme will also assist the testing of innovative activities and technologies for basic services and economic development and monitor them for possible wider replication. Support will be provided to new local government bodies, including training in participatory planning.

Capacity-building for child survival, protection and development planning

37. This programme will provide training and advisory and research support for intersectoral policy formulation and planning in key areas for children and women at the national and, from 1993, regional levels. It will assist the national programme of action, the Department of Women's Affairs and the proposed regional planning bodies in the design of medium-term strategies and multisectoral initiatives for the achievement of major development objectives for children and women, including poverty reduction and human resource development. Support will be given to the University of Namibia for policy-oriented research on children and women, including updating the situation analysis. The programme will also assist the Government in coordinating the implementation of the national programme of action and in operating a database for monitoring progress towards the decade goals.

Advocacy and external relations

38. Advocacy and external relations activities will incorporate the continuation of national-level advocacy and technical support for the development of national policies that have a potentially significant positive impact on children and women such as salt iodization regulation, tax policy on basic foods, improvement of marketing and credit systems, "baby- and mother-friendly" health institutions, child protection legislation, pension provision and strategies for women in development and poverty reduction. Advocacy activities will promote issues related to child survival, protection and development such as basic education. The family life empowerment programme will support national mechanisms for monitoring the Convention on the Rights of the Child and mobilization for child survival, protection and development by Namibian NGOs, including churches and the private sector.

Programme sustainability and cost-effectiveness

39. The programme will strengthen the capacity of institutions and service delivery mechanisms as coverage expands through human resource and systems development. Community participation in the planning, management and maintenance of services and local resources will form the basic principle of implementation and will involve appropriate local contributions of time, labour, funds and materials. The capacity of families to participate will be strengthened through empowerment and mobilization efforts, as well as through the testing and extension of affordable technologies that relieve women's workload and community pressure on natural resources. The integrated area-based programme and the community-based health care project in particular will promote the creation of environmentally sound sustainable development processes within communities.

40. Government capacity to adopt a participatory development approach will depend on both the effective reorientation of existing personnel and the integration of new cadres. This will be strongly supported by the programme, as will the development of participatory and coordinated planning among local government agencies and NGOs as decentralization proceeds. Government ability

to meet the recurrent financial needs of expanded service delivery, including for essential drugs, is expected to be relatively high, but will depend on continued budgetary priority being given to social services. This will be advocated by UNICEF. Approaches for cost-effectiveness in service provision will be tested in remoter areas. The training of CHWs and the formation of water committees will be among the approaches used to promote sustainability.

Country programme management plan

41. A country programme management plan has been developed to assist in the phasing of implementation with available managerial, technical and financial resources. The country office structure will be adjusted to reflect the management and technical needs of the new programme as assessed by the plan. The plan has taken into account the high reliance on supplementary funding to achieve the country programme objectives and a detailed fund-raising strategy has been designed.

Monitoring and evaluation

42. With UNICEF assistance, a system of regular programme and project progress reporting based on annual project plans will be established by the implementing ministries, coordinated with the National Planning Commission. This monitoring will be performed by sectoral or project committees and will involve regular field visits. The Commission will continue to support the operation of the Government/UNICEF Programme Coordination Committee, which will undertake annual programme reviews based on this reporting and a mid-term review in 1994. A programme of research and evaluation, as well as a child survival, protection and development database, will be developed to support the adaptation of programme priorities and activities within the overall framework of programme objectives and a rapidly changing policy and country context. These adjustments will be based on evaluations and studies undertaken within individual programmes, emerging national information systems and research undertaken with the university. Periodic situation analysis updates will be made as relevant data and analytical knowledge expand.

Coordination with other agencies

43. The design of the programme takes into account the expected support of other United Nations agencies such as the World Health Organization (WHO) (national programmes on AIDS and malaria control); FAO (national early warning system); the United Nations Development Programme (UNDP) and the United Nations Development Fund for Women (the development of technology options and credit systems for women); and the World Bank (poverty alleviation activities). This programme will maintain effective linkages through related activities, including support to AIDS education in schools, the inclusion of malaria control methods in CHW training and the integration of nutrition data in the national early warning system. UNICEF will also work closely with major bilateral donors active in sectors of mutual concern, including the United States Agency for International Development (USAID) and the Swedish International Development Authority (SIDA) in education, and with national and

other NGOs, such as the Council of Churches of Namibia, Rotary International and Oxford Famine Relief Campaign (United Kingdom). Close liaison will be maintained with UNDP and other United Nations agencies in the overall coordination of programmes at the country level, as well as for specific collaborative initiatives such as human resources development and women's advancement, undertaken through the National Planning Commission. Several United Nations agencies are expected to reinforce UNICEF support for the implementation and monitoring of the national programme of action.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Namibia (1990 and earlier years) UNICEF country classification

Under-five mortality rate	168	(1990)	Very high U5MR
Infant mortality rate	102	(1990)	Very high IMR
GNP per capita	$ 1030	(1989)	Lower-middle GNP
Total population	1781.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	10	57	66	76
Infant deaths (under 1)	(thousands)	1	7	7	8
Under-five deaths	(thousands)	2	12	12	13
Under-five mortality rate (per 1,000 live births)		230	202	185	168
Infant mortality rate (under 1) (per 1,000 live births)		138	121	111	102

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1990)	Moderate & severe	..	29[a]
	Severe	..	6[a]
Babies with low birth weight (%))		..	..
% of primary school children reaching final grade (1980)		..	..

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1989)		../../..	98[b]/ 88[b]/ 73[b]
Prevalence of wasting (%, 1990)		..	9[b]
Prevalence of stunting (%, 1990)		..	30[b]
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		84	83
Food production per capita index (Index 1979-1981=100, 1980/1990)		99	95
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%)			..
Access to health services (% of population)	Total	..	..
	Urban/rural	../..	../..
Access to safe water (% of population)	Total	..	..
	Urban/rural	../..	../..
Access to adequate sanitation (% of population)	Total	..	..
	Urban/rural	../..	../ ..
Births attended by trained personnel (%)		..	..
Maternal mortality rate (per 100,000 live births, 1979/1989)		..	370[b]

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	..	..	85
	DPT	..	..	53
	Polio	..	..	53
	Measles	..	..	41
Pregnant women (%) immunized against	Tetanus	..	..	50

TABLE 1 (continued)

Namibia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	../ ..	../ ..
(%)	Male	../ ..	../ ..
	Female	../ ..	../ ..
Secondary enrolment ratio (gross/net)	Total	../ ..	../ ..
(%)	Male	../ ..	../ ..
	Female	../ ..	../ ..
Adult literacy rate, 15 years & older	Total	..	..
(%)	Male/female	../ ..	../ ..
Radio/television sets			
(per 1,000 population, 1980/1988)		../ ..	125/ 11

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	1016.0	1306.0	1518.0	1781.0	2437.0
Population aged 0-15 years	(Thousands)	..		717.4	853.1	1152.0
Population aged 0-4 years	(Thousands)	..	250.4	278.0	327.1	428.3
Urban population (% of total)		19	23	25	28	34
Life expectancy at birth	Total	47	52	55	58	62
(years)	Male	46	51	54	56	61
	Female	49	54	56	59	64
Total fertility rate		6.1	6.1	6.1	5.9	5.4
Crude birth rate (per 1,000 population)		45	45	44	43	40
Crude death rate (per 1,000 population)		20	15	13	11	9

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%)			
Population annual growth rate	Total	..	3.1
(%, 1965-1980/1980-1989)	Urban	..	5.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%)			
Inflation rate (%, 1965-1980/1980-1989)		..	13
Population in absolute poverty	Urban/rural	../..	.. / ..
(%)			
Household income share	Top 20%/bottom 40%	../ ..	.. / ..
(%)			
Government expenditure	Health/education	../ ..	14*/ 18*
(% of total expenditure, 1980/1990)	Defence	..	5*
Household expenditure	Health/education		../..
(% of total income)			
Official development assistance:	US$ millions	..	44
(1980/1989)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1980/1989)		..	15*

a/ Aged 6-60 months; Northern areas only. b/ Northern areas only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1991

(In thousands of United States dollars)

COUNTRY: NAMIBIA
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $3,375,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	472	928	98	104	134	151	116	285	820	1468	2288
Water supply and sanitation	22	2				6		3	22	11	33
Nutrition	10	14	48	45					58	59	117
Education	6	15	32		33	59	69	36	140	110	250
Women-centred programme		9	7	9		13		30	7	61	68
Advocacy		1	8				59		67	1	68
Emergency	837	1734		34		90	144	622	981	2480	3461
Planning and project support	253	69		140	781		211	110	1245	319	1564
GRAND TOTAL	1600	2772	193	332	948	319	599	1086	3340	4509	7849

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: NAMIBIA Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	336	336	336	336	336	1680
	FSF	284					284
	NSF	1162	1446	1446	1446	1446	6946
Water supply and sanitation	NSF	1000	1000	1000	1000	1000	5000
Household food security	GR	82	82	82	82	82	410
	FSF	188					188
	NSF	270	458	458	458	458	2102
Education	GR	158	158	158	158	158	790
	NSF	762	762	762	762	762	3810
Family life empowerment	GR	82	82	82	82	82	410
	FSF	30					30
	NSF	428	458	458	458	458	2260
Capacity building for CSPD * planning	GR	198	198	198	198	198	990
Integrated area-based programme	GR	144	144	144	144	144	720
	FSF	467					467
	NSF	409	876	876	876	876	3913
TOTAL	GR	1000	1000	1000	1000	1000	5000
	FSF	969					969
	NSF	4031	5000	5000	5000	5000	24031
GRAND TOTAL		6000	6000	6000	6000	6000	30000

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
* CSPD = Child survival, protection and development.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: NAMIBIA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	4	968
Local national Professional and General Service established posts	6	374
Operating costs		678
Total	10	2020
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	2	426
Supplementary funds	2	445
Local national Professional and General Service project posts		
General resources	5	220
Supplementary funds	6	300
Total	15	1391

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.